



~ ECDR TIPS & TOOLS ~

















PLEASE REMEMBER TO TYPE ALL FIELDS IN CAPITAL LETTERS














THE ECDR IS TO BE USED FOR THE REPORTING OF HEPATITIS B, HEPATITIS C, AND REPORTABLE STD INCIDENCE ONLY (Syphilis, Chlamydia, and Gonorrhea). ALL OTHER REPORTABLE DISEASE INCIDENCE SHOULD BE REPORTED VIA SECURE FAX (307-777-5573) OR AS INDICATED ON THE REPORTABLE DISEASES AND CONDITIONS LIST WHICH CAN BE FOUND AT <http://health.wyo.gov/phsd/epid/reporting.html>, ALONG WITH PRINTABLE REPORTING FORMS. IF YOU HAVE AN URGENT OR PRIORITY CASE TO REPORT PLEASE CALL THE WYOMING DEPARTMENT OF HEALTH, REPORTING LINE (307-777-7953) PRIOR TO SUBMISSION FOR ADDITIONAL GUIDANCE.

SITE ADDRESS: <https://prismdata.health.wyo.gov/>

PLEASE CONTACT HEATH A FROST, PRISM ADMIN FOR PIN #

-  Fields with a **red asterisk** are **required fields**.
-  You are required to place a **checkmark** in the box indicating that you have **read and understand the state statutes** in order to submit your reports.
-  Please list patient mobile numbers in the **OTHER PHONE** box rather than the HOME PHONE box **unless the cell number is the patient's main source of contact**.
-  If the patient indicates **HISPANIC ethnicity**, please select **OTHER under race**.
-  If the patient is pregnant, please include the estimated date of confinement (**due date**).
-  After you choose a PROVIDER or LAB, the additional locating information will auto-populate. Put **YOUR name** in the **PROVIDER "Reporting Person"** box. Check the locating information and make sure it is accurate and complete for that provider/lab. **Contact the PRISM ADMIN (Heath A Frost: heath.frost1@wyo.gov or 307-777-7953) if the information is incorrect.**
-  If you are unsure of your provider and/or lab information, contact the PRISM ADMIN for clarification.
-  If the patient was **NOT TESTED** but was **treated based on a known exposure**:
 -  Please select **"NO"** in the SPECIMEN section next to "collected." **This will negate the requirement to enter the lab and specimen information.** Choose **KNOWN EXPOSURE** in the drop-down menu next to REFERRAL BASIS in the DISEASES section. Make sure to indicate which disease(s) the patient was exposed to by **putting a check mark** in the corresponding **"Known Exposure"** boxes.
-  If the patient **WAS TESTED**:
 -  Please indicate in the specimen source box **the type of specimen** (ie: urine, endocervical swab, etc.) as well as the **collection and result dates**. Choose **infection** in the checkbox below the appropriate disease(s).
-  The ECDR can log **multiple disease instances**. By putting a checkmark in multiple "Infection" (or "known exposure" if no positive lab was obtained) boxes the system will submit multiple disease results.
-  The ECDR can log **multiple symptoms**. Choose the indicated symptom in the **"Symptom" drop down box** (along with date onset). Press the "Add" button located to the right of the symptom entry. When the symptom information appears in a **pink box** below the symptom entry area, the system has captured the data.
 -  If the patient indicates a symptom that is not listed, enter the information in the "Symptoms Other" text box.

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-  In the PATIENT TREATMENT section, select the **corresponding disease** in the “Select Standard Treatment For” box in order to access the list of appropriate treatments.
-  The ECDR can log multiple treatments for multiple diseases. When you enter the treatment information (Disease, treatment, exam date, date treated) press the “Add” key to the right of the “Date Treated” box. When the treatment information appears in a **pink box** below the treatment entry area, the system has captured the data.
-  If the treatment given is not found in the drop-down box, leave the box unselected and **type details** into the “other treatment details” box along with the **date treatment was administered or prescribed**.
-  If partner information was gathered (**REGARDLESS OF WHETHER THE PARTNER WAS TREATED AT THAT TIME**) please provide that information in the PARTNER TREATMENT section as well as means of notification (notified by patient, notified by clinic, notified by state, etc.)
-  If the patient was given an EPT packet or treatment to give to their partner, please **check the “PARTNER TREATMENT – EPT GIVEN to original patient”** box toward the bottom of the page.
-  **The RISK FACTORS panel is now REQUIRED.** The ECDR will automatically open the RISK FACTORS Page upon completion of PAGE ONE (patient/disease information). All checkboxes are mandatory. 
-  The **Hepatitis Panel** questionnaire is on the page following the RISK FACTORS panel and can be accessed by check marking the box provided above the submit button on PAGE ONE.
-  If you miss a required field and click on the SUBMIT button, you will receive a **red error message** at the top of the page that will indicate what additional information is needed.
-  After you click the SUBMIT button on the RISK FACTOR page (or the HEP panel page if added), you will be given the option to **view/print the entire report for your files**, or to **edit the report** if needed before you submit the final report & return to the home page.
-  **YOU CANNOT ACCESS THE REPORT ONCE IT HAS BEEN SUBMITTED!** It is highly recommended that you print a copy of the report to be kept in the patient file. If clarification is needed you will be able to verify the original information submitted.
-  **If you navigate away from the reporting pages** before you submit THE FINAL REPORT, the data you have entered **will not be submitted** and will be removed from the page. **PLEASE BE SURE TO PRESS THE SUBMIT FINAL REPORT BUTTON OR YOUR INFORMATION WILL BE LOST** and the data will have to be re-entered for submission.
-  **DO NOT RE-SUBMIT** patient reports. If you have updates, changes or additions, please **call or e-mail either the PRSIM ADMIN or your area DIS to make any changes** directly to the database.

If you have questions or trouble accessing or navigating the site, please contact Heath A Frost at the Wyoming Department of Health by phone (307-777-7953) or: <mailto:heath.frost1@wyo.gov?subject=ECDR question>